

Atty. Dkt. No. 047542-0197

AF/1637
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JFW

Applicant: Hubbard et al.

Title: TISSUE AUGMENTATION
MATERIAL AND METHOD

Appl. No.: 09/626,326

Filing Date: 07/26/2000

Examiner: T. Strzelecka

Art Unit: 1637

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| <p align="center">CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p align="center"><u>JORIE JOHNSON</u> (Printed Name)</p> <p align="center"><u>Jorie Johnson</u> (Signature)</p> <p align="center"><u>SEPTEMBER 13, 2004</u> (Date of Deposit)</p> |
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AMENDMENT AND REPLY UNDER 37 CFR 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Final Office Action dated August 17, 2004, concerning the above-referenced patent application.

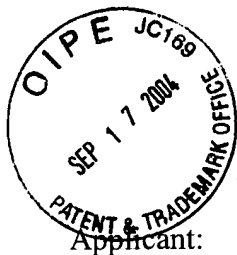
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks/Arguments begin on page 9 of this document.

Please amend the application as follows:

09/20/2004 WABDELRI 00000021 061450 09626326

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AMENDMENT TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

| | Claims As Amended | | Previously Paid For | | Extra Claims Present | | Rate | | Additional Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims: | 49 | - | 73 | = | 0 | x | \$18.00 | = | \$0.00 |
| Independent Claims: | 13 | - | 8 | = | 5 | x | \$86.00 | = | \$430.00 |
| First presentation of any Multiple Dependent Claims: | | + | | | | | \$290.00 | = | \$0.00 |

CLAIMS FEE TOTAL = \$430.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | |
|--|------------|----------|
| <input type="checkbox"/> Extension for response filed within the first month: | \$110.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the second month: | \$420.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the third month: | \$950.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$1,480.00 | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fifth month: | \$2,010.00 | \$0.00 |
| EXTENSION FEE TOTAL: | | \$0.00 |
| <input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): | \$110.00 | \$0.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL: | | \$430.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above): | | \$0.00 |
| TOTAL FEE: | | \$430.00 |

☒ Please charge Deposit Account No. 06-1450 in the amount of \$430.00. A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$430.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Sept 13, 2009

FOLEY & LARDNER LLP

Customer Number: 27433

Telephone: (312) 832-4358

Facsimile: (312) 832-4700

By Marshall J. Brown

Marshall J. Brown

Attorney for Applicant

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